



## COMMUNICABLE DISEASE EXPOSURE AND NOTIFICATION REPORT FORM

Section 1797.188 of the Health and Safety Code requires local Health Officers, after receiving notification from a health facility, to notify emergency medical care personnel (EMT and paramedics) when they have been exposed to a person with a reportable disease which can, as determined by the Health Officer, be transmitted through oral contact or secretions of the body, including blood.

NAME		EMPLOYEE NO.		EMT CERTIFICATION NUMBER	
CALIFORNIA STATE LICENSE NO. (if paramedic)		LOCAL ACCREDITATION NUMBER (if paramedic)		EMS REPORT FORM SEQUENCE NUMBER	
FIRE STATION NUMBER		STATION TELEPHONE NUMBER		BATTALION/STATION/SHIFT	
PATIENT'S NAME		INCIDENT DATE/TIME			
<b>CHECK PERSONAL PROTECTIVE EQUIPMENT USED:</b>					
<input type="checkbox"/> GLOVES <input type="checkbox"/> EYE PROTECTION <input type="checkbox"/> GOWN <input type="checkbox"/> MASK <input type="checkbox"/> RESUSCITATION DEVICE <input type="checkbox"/> NONE					
<input type="checkbox"/> OTHER: _____					
<b>CHECK TYPE OF EXPOSURE:</b>					
<input type="checkbox"/> Blood/Body fluid splash to eyes <input type="checkbox"/> Blood/Body fluid splash to mouth <input type="checkbox"/> Blood/Body fluid to open skin, i.e., cuts, scrapes, etc. <input type="checkbox"/> Needle stick <input type="checkbox"/> Bite <input type="checkbox"/> Coughing or sneezing of unmasked patient (excluding common cold/flu)					
<input type="checkbox"/> OTHER: _____					
HEALTH FACILITY				RECEIVED BY:	
EMPLOYEE SIGNATURE				DATE	

Revised: 02-01-2017